Community Uplift Program Application and Property Waiver

Property owner's name:		Date of Birth:	
Address:			
Celephone:(Home)			(Cell)
Annual Income: \$	Include all sources for household- Employment, Social Security, Disability		
Pension/ Other:	* Supported docum	ents may be required upon requ	est
How many people over the age of 18 l	live in the home?	Under the age of 1	8?
You are seeking assistance for the foll			
Please check all that apply:Fin			
The Property Owner also agrees to The Community Uplift Program posses the program. Full construction/restora condition it can and probably will be of defend and hold harmless the City of liability, costs or expenses arising out	esses the right to refuse assition work is beyond the sco condemned as a result of yo El Mirage, its officers, emp	pe of this project; if your home ur submission. The property ov loyees and volunteers from and	is not in livable wner agrees to indemnify
 Keep all pets away from the v Be on the site during the work Observe the work crew if phy Do not use alcohol or any ille Be aware that some projects n manpower, weather condition Accept the service or assistant volunteers, and the property or 	work crew. c period. sically able. gal substance on the day of night not be completed, or i s, etc. ce "as is", and please under owner will be personally res	the project. nay be cancelled or rescheduled	non-professionals, es or improvements.
Property Owner: (Print)		Da	te:
Property Owner Signature:			

